



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0480 FAX: 587-0470
 email: ethics@hawaiiethloc.org

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STATE OF HAWAII
STATE ETHICS COMMISSION**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Dunn		Scott		808 591-8300
MAILING ADDRESS (Street)				FAX
770 Kapiolani Blvd. #614				808 589-2609
(City)	(State)	(Zip Code)		
Hon.	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)	(State)	(Zip Code)		

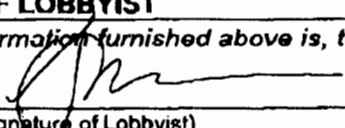
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
State of Hawaii Organization of Police Officers			
MAILING ADDRESS (Street)			FAX
1717 Hoe Street			841-4818
(City)	(State)	(Zip Code)	
Hon.	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Russell Akana, Executive Director and/or Rosalie Isoda, Bookkeeper			847-4676
MAILING ADDRESS (Street)			FAX
1717 Hoe Street			841-4818
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

7/8/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS (SHOPO)			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
1717 Hoe Street		847-4676	
MAILING ADDRESS (Street)		FAX	
Honolulu, HI 96819		841-4818	
(City)	(State)	(Zip Code)	

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

SHOPO
EXECUTIVE DIRECTOR

7-7-05
(Date)